



OFFICIAL RESPONSES TO VENDOR QUESTIONS RFA-2021-DEHS-03-DISAB

No.	Question	Answer
1.	General: Who is the current contractor?	The current contractor is the University of Massachusetts Medical School.
2.	General: Who are some of the specific Medicaid Care Management organizations that the applicant is expected to collaborate with and, related to this, please provide examples of specific contractors and community partners that the applicant may have to interact with, and in what capacity? Are these interactions part of case development?	Collaboration with Medicaid Care Management organizations, other contractors, and community partners is not a requirement of the State or proposers for this specific procurement.
3.	General: Will the applicant have any communication written or verbal with the individuals that are applying for benefits?	Yes, the selected applicant is responsible to notify the individual of approval or denial via the appropriate letter. Letters are submitted for mailing via the MMIS system.
4.	General Are the disability determinations referenced in this RFA currently performed by employees of the State of New Hampshire?	Yes, disability determination are currently completed both by the Department and by the current contractor.
5.	General Have these reviews or other similar disability reviews within the Department ever been performed by an outside contractor?	Yes, these reviews are currently being completed both by the Department and by the current contractor the University of Massachusetts Medical School.
6.	General	No.



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	As part of the evaluation process, will priority consideration or additional points be given to a company that is New Hampshire based?	
7.	Section 1.1, Request for Services, Subsection 1.1.2., Overview Are these the only two sets of criteria needed to evaluate eligibility?	No, see 1.2 Scope of Services and 1.2.5 Administrative Hearings.
8.	Section 1.1., Request for Services, Subsection 1.2.1., Disability Determination Services Can the program share information perhaps screenshots or temporary access to MMIS and New Heights so potential vendors have a better understanding of these platforms?	The Department will not be able to provide the information requested. Any selected vendors will receive a training on the New Heights and MMIS Systems prior to utilizing the system.
9.	Section 1.1., Request for Services, Subsection 1.2.1., Disability Determination Services Would the contractor receive training on the Medicaid Management Information System (MMIS) and New HEIGHTS?	Yes, the selected contractor would receive training guidance. Please see Section 1.2.1.4.
10.	Section 1.1., Request for Services, Subsection 1.2.2., Disability Determination Services., Subsection 1.2.1.3 What is the process for returning all applicable files; relevant materials and supporting	All materials are returned electronically in accordance with Department standards. Relates to question above seems they just want to know more about processes than specifics of MMIS/New Heights.

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	documents to the Department via the MMIS and/or New HEIGHTS system? Would the materials be returned electronically?	
11.	<p>Section 1.2, Scope of Services, Subsection, 1.2.1, Disability Determination Services, Subparagraph 1.2.1.2.</p> <p>Disability Determination Services references Appendix F. Please provide Appendix F.</p>	<p>Section 1.2.1.2 of the RFA should have been reflected as Appendix D, please see Addendum #2 for reference.</p>
12.	<p>Section 1.2, Scope of Services, Subsection 1.2.1. Subparagraph 1.2.1.2.</p> <p>How are we alerted that a new case has been made available?</p>	<p>Currently a list of cases to review is sent on a weekly basis to the contractor. Mechanism for notification shall be determined by the Department and is subject to modifications.</p>
13.	<p>Section 1.2, Scope of Services, Subsection 1.2.1. Subparagraph 1.2.1.2.</p> <p>Are MMIS and New Heights two distinct computer systems? And if so, how do they work together? What is their relationship? What/if any is the difference between the two that would warrant the need to view a case in both systems?</p>	<p>Yes, these are two distinct computer systems.</p> <p>MMIS houses all the medical records and is the system used to view medical records, request Consultative Exams, send the appropriate approval or denial letters, and upload the MERS. Cases are routed from the Department to the contractor.</p> <p>New Heights is currently being used by the Department as a case tracking system and may also be extended to the contractor in the future.</p>
14.	<p>Section 1.2, Scope of Services, Subsection 1.2.1. Subparagraph 1.2.1.3.</p> <p>The above statement says “and/or.” Will this</p>	<p>Cases are currently returned via the MMIS system and a list is provided to the Department within 5 business days. New Heights is currently being used by the Department as a case tracking system and may also be extended to the contractor in the future which may alleviate the need for a separate list.</p>

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	be clarified in the future?	
15.	Section 1.2, Scope of Services, Subsection 1.2.1 Disability Determination Services. What constitutes a “Fully Developed File”? What is the average page count of medical records that will be provided?	A fully developed file is one that the Department has received all the available medical evidence stated on the individual’s application or has made two attempts to obtain this information without success. Medical records are separated based on the provider. These can range from 1 – 300 pages. If the record contains more than 300 pages it is split and labeled as such i.e. Dr. Smith 1 of 2.
16.	Section 1.2., Scope of Services, Subsection 1.2.1., Disability Determination Services, Subparagraph 1.2.1.6. Must the Medical Review Team reside in New Hampshire?	No. Medical Review Teams do not have to reside in New Hampshire.
17.	Section 1.2., Scope of Services, Subsection 1.2.1., Disability Determination Services Is the applicant expected to have a NH office?	No. Proposers are not expected to have a New Hampshire based office.
18.	Section 1.2, Scope of Services, Subsection 1.2.1, Disability Determination Services, Subparagraph 1.2.1.71. Do the program require the reviewing clinicians to hold NH licensure?	The licensed physician is either a medical or osteopathic doctor licensed by the state in which he or she practices. the psychological consultant Is licensed or certified as a psychologist at the independent practice level of psychology by the state in which he or she practices; and possess a doctorate degree in psychology from a program in clinical psychology of an educational institution accredited by an organization recognized by the Council on Post-Secondary Accreditation; or Is listed in a national register of health service providers in psychology, which the Commissioner of Social Security deems appropriate; and possess two (2) years of supervised clinical



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		experience as a psychologist in health service, of which one (1) year is post-master's degree. See 1.2.1.7 and 1.2.1.8
19.	Section 1.2, Scope of Services, Subsection 1.2.1., Disability Determination Services, Subparagraph 1.2.1.9 Are all members of the MRT required to sign off on documentation?	All Members of the MRT must sign off, one member sign off is not permitted. The Department currently allows for electronic signature.
20.	Section, 1.3, Compensation and Contract Value, Subsection 1.3.2.4. Rate Table: Please clarify what determines the need for a continuing disability review? Is it a diary date? Diagnosis? Time period (such as 48 months)?	The need for a Continuing Disability Review (CDR) is on a case by case basis. The Doctor determines if a CDR is needed and if so the date it is required.
21.	Section 1.3, Compensation and Contract Value, Subsection 1.3.2.4. Rate Table: Regarding the cost table, (rate paid per case), does the Vocational Expert fee and Medical Witness fee get added to the case fee if their services are needed? Therefore, is it not a requirement that each MER be completed by a Vocational Expert?	The Vocational Expert fee of \$175.00 per case is only applied when the case is denied, the applicant appeals that denial, and VE testimony is required. This is separate from 1.2.1.6.1 which states in part "and another individual who is qualified to interpret and evaluate medical reports and other evidence relating to the individual's physical or mental impairments and, as necessary, to determine the capacities of the individual to perform substantial gainful activity, as specified in 20 CFR Part 416, subparts I and J".
22.	Section, 1.3., Compensation and Contract	No, without significant research we cannot give a program breakdown.



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	<p>Value</p> <p>Can the program break down the volume of cases (3,000 cases estimated) by case type?</p>	<p>3,000 is the estimated volume of all new cases based on past trends.</p>
23.	<p>Section 1.3., Compensation and Contract Value</p> <p>Can the program tell us more about how this volume unfolds? Is it an even allocation or are there periodic spikes or seasonal implications?</p>	<p>The volume is based on the number of applications received, therefore there are spikes and times when applications are slower.</p>
24.	<p>Section 1.3., Compensation and Contract Value</p> <p>The total anticipated funding for all contract(s) resulting from this RFA shall not exceed \$686,031 for State Fiscal Year 2022 and \$686,031 for State Fiscal Year 2023 for a total contract price limitation of \$1,372,062.</p> <p>The Department cannot determine the number of reviews type, as describe below that will need to be completed between July 1, 2021 through June 30, 2023.</p> <p>Seems like service start date is 7/1/21 – if so, is there money budgeted for the work performed in 2021? The above statement references only 2022 and 2023.</p>	<p>Section 1.3, Compensation and Contract Value is determined on a State Fiscal Year schedule (July – June).</p>
25.	<p>Section 1.3., Compensation and Contract Value</p>	<p>The number of cases requiring a Medical Witness and Vocational Expert testimony vary depending on how many cases result in a denial,</p>

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	How many Administrative hearings were held? How many cases of the 3,000 generated Medical Witness and Vocational Witness requirements?	how many cases that were denied result in an appeal and, what step of the process they were denied at. The Department has 28 cases requiring Vocational Expert testimony from July 2020 to November 2020. The Department to date has yet to utilize Medical Witness testimony from outside the Departmental staff.
26.	Section, 2.3, Application Submission Application Submission: Please confirm applicants are to submit responses electronically to two email addresses, contracts@dhhs.nh.gov as indicated here and Jennifer.Hackett@dhhs.nh.gov as indicated on RFA p. 27.	Yes, proposals must be submitted as indicated in Section 2.3 of the RFA.
27.	Section 2.4 Contract Monitoring Provisions, Subsection 2.4.5.2. RFA p. 21 – 2.5.6. Audit Requirements: This section lists criteria that require provision of an annual audit. According to RFA page 16, 2.4.5.2. , we are required to submit audited financial statements for the four (4) most recent completed fiscal years.	Yes, it is required that proposers submit four (4) years of audited financials as part of proposal submission, per Section 2.4.5.2.
28.	Section 2.5, Compliance, Subsection 2.5.6. If we are required by section 2.5.6. to provide an annual audit, will the financial statements provided to meet the requirement of 2.4.5.2. suffice?	No, proposers are required to submit four (4) years of audited financials with proposal submission per Section 2.4.5.2. Annual audits is only required of the selected vendor if audit requirements are met.
29.	Section 2.5, Compliance, Subsection 2.5.5,	Proposers are required to complete and return Step #2 of the CLAS



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	<p>Culturally and linguistically Appropriate Services, Subparagraph 2.5.5.8.</p> <p>Culturally and Linguistically Appropriate Services: This section states, “Applicants are required to complete the TWO (2) steps listed in the Appendix C to this RFA, as part of their Application.” However, Appendix C instructions on RFA p. 64 in STEP #1 indicate that the Four-Factor Analysis is not required to be submitted with the application. Please confirm that we are only to return Step #2 of Appendix C.</p>	<p>Appendix C requirement. Please review Appendix C, two part step directions. The Four-Factor Analysis is not required to be submitted with the application.</p>
30.	<p>Section 2.6, Non Collusion</p> <p>RFA p. 22 – 2.6 Non-Collusion: This section states the Non-Collusion is a signed Transmittal Cover Letter. Please confirm that there is not an additional Non-Collusion section or form that has not been included within the RFA document.</p>	<p>Non-collusion is to be included within the Transmittal Cover Letter; applicants are not required to submit a separate Non-Collusion document.</p>
31.	<p>Section 3.2, Application Content, Subsection 3.2.9.</p> <p>RFA p. 26 – 3.2.9. Financial Information Required: This line states we are to follow requirements from Section 2.3.5. Please confirm this should reference section 2.4.5. Statement of Applicant’s Financial Condition.</p>	<p>Section 2.3.5 should reference Section 2.4.5, please see Addendum #2 for correction and clarification.</p>
32.	<p>Section 3.2., Application Content, Subsection 3.2.6.</p>	<p>A Client list will not be applicable, please refer to Section 3.2.6.1. Each written reference must include current contact information, a description of work performed, quality of work, and dates of performance”.</p>



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	Is it acceptable for the applicant to provide a client list with contact information and their relationship to the company for the reference requirements in the RFA?	
33.	Appendix D Appendix D: Please confirm that Appendix D - NH DDU APTD MERS, is for reference only, and not to be returned in the submission.	Proposers are not required to return Appendix D, New Hampshire Medical Eligibility Review Summary (MERS)
34.	Section 1.4, Contract Period, Subsection 1.4.1. “The Department anticipates using federal Funds for the resulting contracts(s).” Is any of the anticipated funding for a grant?	Currently the Department anticipates using federal funds, any chosen vendors will be informed of any funding changes as it arises. However currently no grant funding is allocated for this procurement.
35.	Section 1.5., Mandatory Responses to RFA, Subsection 1.5.2., and Section 3.2, Application Content. What is the preference of NH DHHS regarding the location of resumes in the response, as the current structure implies both in responses to Questions 1 of 4 and in response to 3.2.3. Alternatively, would NH DHHS accept resumes as an appendix item in the submittal with a direction to reference them within the relevant proposal locations?	The Department would accept resumes via appendices included in proposer submissions.
36.	Appendix A Formatting Questions: P. 34 – 35 / EXHIBIT B	Exhibit B and Exhibit C are part of Appendix A P-37 General Provisions and Standard Exhibits and are for reference only and are not required



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	& C - seem to be contract pages. Are we to write our response and insert into the contract?	to be submitted at this time.
37.	Appendix A All the pages starting on p.29 entitled: Appendix A - P37 and Standard Exhibits FORM NUMBER P-37 (version 12/11/2019) It says DO NOT SEND, but looks like the contract and has sections with signatures and p 62 has a questionnaire... Q: Do the program want these completed as part of the response?	Appendix A P-37 General Provisions and Standard Exhibits and are for reference only and are not required to be submitted at this time.